



P.C.E.A MEDICAL SCHEME

Faith, Love and Hope

The P.C.E.A/ BRITAM Family Health Plan, is an in-patient and Out-patient medical insurance policy designed to meet prevalent medical needs for nuclear families and individual persons.

The policies offers a flexible, comprehensive and affordable in- patient medical cover tailored to provide protection against a wide range of hospitalization expenses arising from both illness and accident as per policy terms and conditions.

Solution to your
family health care



PCEA MEDICAL SCHEME

INTRODUCTION

**COVER START DATE: 1ST OCT. TO 30TH SEPT.
(PCEA CALENDAR YEAR)**

- The Scheme provides for Inpatient and Outpatient Benefit.
- The scheme will be on credit basis. Reimbursement will not be allowed unless in areas where credit providers have not been set up, on emergency cases or when out of the geographical limit.
- A 30 grace period is allowed for a member to upgrade the cover.
- The maximum joining age to 75 years with no upper limit for existing members.
- The Chronic Condition Management -CDM program is aimed at Improving care for individuals with chronic conditions through empowering these individuals and working with healthcare providers to manage disease.
- Any other changes to the cover shall only be done at renewal of the scheme
- Any additional premium required for upgrade of cover shall be solely borne by the member.
- We encourage all our Members to subscribe to ;
Telemedicine, Drug supply management system, Mental Health wellness
- Medical cover not transferable if the principal member is transferred to another presbytery the cover remains in condition that the cover is fully paid for; this applies to cases of death of the principal member.
- All PCEA members above 75years can join the scheme subject to underwriting terms and medical terms.
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PCEA MEDICAL SCHEME

INTRODUCTION

INPATIENT ONLY COVER

- This is a medical situation where a member is required to be admitted and stays one day in a hospital.
- All inpatient services are accessed through an agreed panel of medical service providers. Should be communicated to the presbytery
- Pre-existing chronic, congenital, HIV/AIDS related conditions are covered within the inpatient benefit of the scheme subject to 50% of the proposed sub limits depending on the condition. (per the proposal shared in December 2023 subject to BRITAM actuarial analysis finds).
- Pre-existing conditions are conditions that are present before joining the scheme or on renewal
- Under inpatient scope – physiotherapy should be covered as per the doctor’s order and not limited or restricted to 10 sessions.
- Lodger fee/ hospital accommodation for a parent/guardian should reviewed to 12 years as WHO guidelines
- Overseas treatment benefit available if the required treatment is specialized nature

INPATIENT COVER

COVER DETAILS

- Consultation fees and evacuation costs directly leading to hospitalization,
- In hospital accommodation costs {NB: Executive suites like Pavilion, North Wing, Jeans Ward, etc. are excluded.}
- ICU/HDU charges, physiotherapy, radiotherapy and chemotherapy,
- Inpatient physiotherapy treatment restricted to a maximum of ten sessions,
- Theatre charges, costs of surgical appliances and toiletries,
- Road and air ambulance for emergency evacuations,
- Doctors' fees (Physicians, Surgeons, Anaethetists)
- Medical investigations & pathology such as X-rays, scans, assorted laboratory tests, etc.
- Inpatient ophthalmological (eye), ear and dental treatment and management arising out of sickness or injuries,
- Prescribed medications, dressings and costs of surgical appliances and toiletries,
- Daycare surgeries and procedures subject to pre-authorization,
- Gynecological illnesses,
- Post-hospitalization benefits,
- Lodger fees/hospital accommodation for a parent/guardian accompanying a child up to 10 years of age admitted in hospital,
- Overseas treatment benefit available if the required treatment is not available locally,
- Accidental injuries are covered immediately.

INPATIENT BENEFITS SUMMARY

FUND ADMINISTRATION

CATEGORY A, CATEGORY B, CATEGORY C

Cover	Cat A	Cat B	Cat C
Overall Limit	500,000	750,000	1,000,000
Lodger Fee for Accompanying Parent	Children 12 Years and below	Children 12 Years and below	Children 12 Years and below
Congenital conditions including Pre-Existing, Chronic Conditions/Illnesses, Cancer, HIV/AIDS & Related Illnesses	250,000	300,000	350,000
Psychiatric and Psychological illnesses	250,000	250,000	250,000
Hearing aids applicable benefit on the cost	Cover Within the limit/Sublimit	Cover Within the limit/Sublimit	Cover Within the limit/Sublimit
Non - accidental dental in-patient illnesses exclude outpatient procedures, braces, crowns, bridges & other prosthesis	Kes 200,000	Kes 200,000	Kes 200,000
Non - accidental in- patient ophthalmology; excludes laser treatment ,outpatient procedures, frames and glasses	Kes 200,000	Kes 200,000	Kes 200,000
Non-Accident inpatient cataracts within inpatient	Kes 200,000	Kes 200,000	Kes 200,000
External prosthesis and external medical appliances. Includes wheelchairs, implants	Kes 75,000	Kes 75,000	Kes 75,000
Last Expense benefit per person	Kes 100,000 Per Family per year	Kes 100,000 Per Family per year	Kes 100,000 Per Family per year

INPATIENT BENEFITS SUMMARY

FUND ADMINISTRATION

CATEGORY A, CATEGORY B, CATEGORY C ... contd

Cover	Cat A	Cat B	Cat C
Overall Limit	500,000	750,000	1,000,000
Covid19/pronounced pandemic (critical cases only requiring hospitalization) with proof of full vaccination	Up to Pre- existing limit/Chronic limit	Up to Pre- existing limit/Chronic limit	Up to Pre- existing limit/Chronic limit
Post Hospitalization 30days(one month) excludes maternity cares	Kes 50,000	Kes 50,000	Kes 50,000
Maternity cover benefits; Normal deliveries, pregnancy complication, subsequent c-section both elective and non-elective	Kes200,000	Kes 200,000	Kes 200,000
Pregnancy complication within inpatient; family planning, infertility treatment	Kes 100,000	Kes 100,000	Kes 100,000
Passive war, Terrorism and Political violence treatment	Covered	Covered	Covered
External Appliances including wheelchairs, crutches and frames within the Inpatient limit. The cover extends to outpatient external appliances	Kes 75,000	Kes 75,000	Kes 75,000
Overseas Referral Treatment -per Visit ,to inform the insurance /Head Office	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Overseas Emergency (On Reimbursement)-	Covered within the limit/sublimit up to 8weeks of travel	Covered within the limit/sublimit up to 8weeks of travel	Covered within the limit/sublimit up to 8weeks of travel
Emergency Evacuation- Road and Air per applicable benefit	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Home Nursing for applicable benefit	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Day Care Treatment	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit

INPATIENT BENEFITS SUMMARY

FUND ADMINISTRATION

CATEGORY D, CATEGORY E, CATEGORY F

COVER	CAT D	CAT E	CAT F
Overall Limit	1,200,000	1,500,000	2,000,000
Lodger Fee for Accompanying Parent	Children 12 Years and below	Children 12 Years and below	Children 12 Years and below
Congenital conditions including Pre-Existing, Chronic Conditions/Illnesses, Cancer, HIV/AIDS & Related Illnesses	350,000	400,000	400,000
Psychiatric and Psychological illnesses	250,000	250,000	250,000
Hearing aids applicable benefit on the cost	Cover Within the limit/Sublimit	Cover Within the limit/Sublimit	Cover Within the limit/Sublimit
Non - accidental dental in-patient illnesses excludes outpatient procedures, braces, crowns, bridges & other prosthesis	Kes 200,000	Kes 200,000	Kes 200,000
Non - accidental in- patient ophthalmology; excludes laser treatment ,outpatient procedures, frames and glasses	Kes 200,000	Kes200,000	Kes 200,000
Non-Accident inpatient cataracts within inpatient	Kes 200,000	Kes 200,000	Kes 200,000
External prosthesis and external medical appliances. Includes wheelchairs, implants	Kes 75,000	Kes 75,000	Kes 75,000
Last Expense benefit per person	Kes 100,000 Per Family per year	Kes 100,000 Per Family per year	Kes 100,000 Per Family per year

INPATIENT BENEFITS SUMMARY

FUND ADMINISTRATION

CATEGORY D, CATEGORY E, CATEGORY F ... CONTD

COVER	CAT D	CAT E	CAT F
Overall Limit	1,200,000	1,500,000	2,000,000
Covid19/pronounced pandemic (critical cases only requiring hospitalization) with proof of full vaccination	Up to Pre-existing limit/Chronic limit	Up to Pre- existing limit/Chronic limit	Up to Pre- existing limit/Chronic limit
Post Hospitalization 30 days(one month) excludes maternity cares	Kes 50,000	Kes 50,000	Kes 50,000
Maternity cover benefits. Normal deliveries, pregnancy complication, subsequent c-section both elective and non-elective	Kes 200,000	Kes 200,000	Kes 200,000
Pregnancy complication within inpatient; family planning, infertility treatment	Kes 100,000	Kes 100,000	Kes 100,000
Passive war, Terrorism and Political violence treatment	Covered	Covered	Covered
External Appliances including wheelchairs, crutches and frames within the Inpatient limit. The cover extends to outpatient external appliances	Kes 75,000	Kes 75,000	Kes 75,000
Overseas Referral Treatment-per Visit ,to inform the insurance /Head Office	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Overseas Emergency (On Reimbursement)-	Covered within the limit/sublimit up to 8weeks of travel	Covered within the limit/sublimit up to 8weeks of travel	Covered within the limit/sublimit up to 8weeks of travel
Emergency Evacuation- Road and Air per applicable benefit	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Home Nursing for applicable benefit	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Day Care Treatment	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit

INPATIENT BENEFITS SUMMARY

CATEGORY G, CATEGORY H, CATEGORY I

COVER	Cat G	Cat H	Cat I
Inpatient Limit Per Family	5,000,000	4,000,000	3,000,000
Hospital Accommodation Net Of NHIF	Standard Private room Up to Kshs 25,000	Standard Private room Up to Kshs 20,000	Standard Private room Up to Kshs 18,000
Newly diagnosed chronic conditions on the first diagnosis	Covered to the full limit	Covered to the full limit	Covered to the full limit
Congenital conditions including Pre-Existing, Chronic Conditions/Illnesses, Cancer, HIV/AIDS & Related Illnesses	800,000	600,000	500,000
Covid 19 treatment per family Within the chronic limit-	Within Pre-existing Limit	Within Pre-existing Limit	Within Pre-existing Limit
Pre-Mature babies and neonatal conditions	500,000	400,000	350,000
Accidental Inpatient Ophthalmology and accidental inpatient dental	Covered to the full limit	Covered to the full limit	Covered to the full limit
Non-Accidental Inpatient Ophthalmology includes cataracts; excludes Laser Treatment, Outpatient Procedures, Frames And Glasses	350,000	300,000	250,000
Non-Accidental Inpatient Dental; excludes Outpatient Procedures, Braces, Crowns, Bridges & Other Prosthesis.	350,000	300,000	250,000
Psychiatric treatment	800,000	750,000	600,000
Post Hospitalization for surgical and accidental cases within the first month of discharge	50,000	50,000	50,000
Funeral Expense per family, per Annum within the inpatient limit	100,000	100,000	100,000
Maternity inclusive of Normal and Subsequent C-sections and maternity related complications ,Caesarean Section Which Is A First Ever And Is An Emergency	200,000	200,000	200,000

INPATIENT BENEFITS SUMMARY

CATEGORY G, CATEGORY H, CATEGORY I .. CONTD

COVER	Cat G	Cat H	Cat I
Inpatient Limit Per Family	5,000,000	4,000,000	3,000,000
Passive war, Terrorism and Political violence treatment	Covered	Covered	Covered
External Appliances including wheelchairs, crutches and frames within the Inpatient limit. The cover extends to outpatient external appliances	75,000	75,000	75,000
Overseas Referral Treatment -per Visit ,to inform the insurance/Head Office	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Overseas Emergency (On Reimbursement)-	Covered within the limit/sublimit up to 8 weeks of Travel	Covered within the limit/sublimit up to 8weeks of travel	Covered within the limit/sublimit up to 8weeks of travel
Emergency Evacuation-Road and Air per applicable benefit	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Home Nursing for applicable benefit	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Day Care Treatment	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Organ Transplant	Covered within the limit/sublimit	Covered within the limit/sublimit	Covered within the limit/sublimit
Lodger fee	For children up to 12 years	For children up to 12 years	For children up to 12 years
Cards	Virtual Card	Virtual Card	Virtual Card

OUTPATIENT SCOPE OF COVER

- Routine outpatient consultation including referrals to specialists,
- Diagnostic X-ray and Laboratory tests, Radiology X-ray, ultra sound, EEG, ECG and computerized tomography, MRI scans,
- Prescribed physiotherapy,
- Prescribed drugs and dressings,
- Pre-existing and chronic/recurring conditions including congenital conditions to the full outpatient limit,
- HIV/AIDS related conditions and prescribed ARV's to the full outpatient limit,
- Cancer treatment,
- One annual health checkup for both principal and spouse up to Kshs. 15,000/- to cater for BP, blood sugar, BMI, cancer markers, pap smear, mammogram and PSA levels only taken as a package.
- Pronounced pandemics are covered under the Medical Scheme.
- All children aged 0 to 5 years to be covered for all vaccines – KEPI, baby friendly and private vaccines.
- Prenatal and postnatal care to be fully covered under op cover with no limitation to the number of scans.
- Counselling to be conducted within the accredited service providers' panel and not restricted to psychiatrist care.

MATERNITY COVER

- This cover will cater for:-
- Normal deliveries and pregnancy complications,
- Subsequent Caesarean Sections both elective and non-elective,
- The benefit is applicable to female principal member or female spouse only,



EMERGENCY ROAD AND AIR EVACUATION

- Road Ambulance and Air evacuation in case of emergencies leading to admission.
- This cover is available within the inpatient limit subject to pre-authorization by Britam.
- Some of the service providers are AMREF/Flying doctors, St John Ambulance and Avenue Air Rescue Services



OVERSEAS TREATMENT

- Overseas evacuation for a condition whose treatment is not locally available subject to authorization by Britam.
- All bills will be paid subject to reasonable and customary charges.



FUND MANAGEMENT AND ADMINISTRATION FOR INPATIENT, OUTPATIENT, OPTICAL, DENTAL COVERS

SCOPE OF COVER

The outpatient, dental and optical covers scheme will operate under a Managed Fund, an arrangement between Britam and PCEA.

PCEA will decide on the scope of cover for the fund. The extent of the scope of cover that will operate under the fund management will include the outpatient, dental and optical benefits.

BRITAM will be available for Guidance and advice on benefits, service providers, exclusions and limits.

The scheme covers all routine outpatient services which include consultations, investigations, prescribed drugs, and physiotherapy, and immunization, dental and optical services.

Each family is covered up to the set out limit per year.

FUND MANAGEMENT AND ADMINISTRATION FOR INPATIENT, OUTPATIENT, OPTICAL, DENTAL COVERS

SCOPE OF COVER

The outpatient, dental and optical covers scheme will operate under a Managed Fund, an arrangement between Britam and PCEA.

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BRITAM will be available for Guidance and advice on benefits, service providers, exclusions and limits.

The scheme covers all routine outpatient services which include consultations, investigations, prescribed drugs, and physiotherapy, and immunization, dental and optical services.

Each family is covered up to the set out limit per year.

BRITAM will come up with an estimate working budget. However, to effect cover we only require an initial deposit of half of the annual budget for us to start administering the outpatient benefits. This deposit is usually replenished at 75% utilization or as may be required from time to time.

We charge an administration fee of Kshs. 150.00 per person per month with a minimum of Kshs. 45,000/- per annum (see quotation). This caters for the annual fee plus cost of the smart card and admin fee.

| COVER OBJECTIVES & HEALTH TALKS

OBJECTIVES OF COVER

PCEA scheme will strive to provide:-

- Quality – the staff and their dependants will receive adequate and proper medical care in times of illness and/or injury.
- Cost Effectiveness – cost containment measures will be put in place while ensuring that quality of healthcare services provided is not compromised.
- Flexibility – BRITAM will ensure the diverse health needs of members will be met without unnecessary restrictions.
- Equity – the scheme will provide equal access to healthcare to all scheme members.

HEALTH TALKS

Health talks will be held upon request. Topics will be decided in consultation with PCEA this will include:

- Mental wellness.
- Youth wellness.
- Medical alerts.
- Training of domestic workers.
- Members' wellness.
- First aid training.
- Health nuggets.
- Emerging issues like the current floods.



SMART CARD TECHNOLOGY

SMART CARDS

The scheme will be managed using the latest SMART Card technology that enables efficient and cost effective administration. Cases of fraud and misuse of the scheme will be reduced to minimum using the new technology and our technical expertise. PCEA will benefit from significant cost savings due to reduction of abuse and misuse of outpatient benefits.

Members are also encouraged to use the SMART USSD Code, Accessible through ***891#**

Advantages of SMART Card Technology include:

Each member will be issued with a smart card with their biometrics for identification in hospitals and all our appointed clinics.

The chip in the card bears all details of the member, including medical history and details of previous visits.

The card maintains a record of the amount claimed for each individual on a daily basis.

- Enhanced control of benefit utilization (Fraud and misuse) and costs



***891#**



CHRONIC DISEASE MANAGEMENT PROGRAM

CDMP

- This program is aimed at Improving care for individuals with chronic conditions through empowering these individuals and working with healthcare providers to manage disease.
- This is through ensuring safety and quality of care for members within the program, improving access to care and incorporating patient self management.

PHARMACY FIRST PROGRAM

PHARMACY FIRST

- This program is aimed at Improving care for individuals with chronic conditions through empowering these individuals and working with healthcare providers to manage disease.
- This is through ensuring safety and quality of care for members within the program, improving access to care and incorporating patient self management.



SCHEME GUIDELINES

OTHER SCHEME GUIDELINES: -

- Eligible age for adult members is 18 - 75 years at entry (joining the scheme) and extends up to a maximum of 70 years old.
- Own or legally adopted children aged between birth (baby must be 38 weeks and subject to declaration) and 18 years (children above 18 years but below 25 years may be accepted on proof of fulltime schooling),.
- Awaiting period of 30 days before accessing service for all new joiners apart from for accident cases.
- Maternity has no waiting period.
- Each member is required to complete a Britam application form.
- Specialist visit is on referral basis only by a general practitioner. However, pediatricians and gynecologists can be consulted without referral.
- Members with lifestyle diseases to have direct access to their specialist , they do not need a referral from a general practitioner.

SCHEME GUIDELINES

OTHER SCHEME GUIDELINES: - CONTD

- Members are covered for eight weeks (8) outside Kenya whilst on holiday or business, per each continuous trip.
- All reported reimbursements claims within 24 hours to be paid in full from the applicable benefit. Reimbursements at 100% for claims incurred within our panel of providers subject to our customary tariffs and charges.
- Claims incurred outside our panel of providers/hospitals will reimbursed at 80% of our customary tariffs and charges. They must be reported within 24Hrs.
- In case of death of a principal member the family to remain on cover till renewal applicable premiums to be paid in full.
- Dependents who reach 25 years of age – can join if they are interested to join the scheme as Principal members.
- Existing cover is be subject to insurable interest that is **not** transferable within the cover.

SCHEME EXCLUSIONS

EXCLUSIONS

- The policy shall not pay/refund any expenses incurred directly or indirectly from: -
- Intentional self-injury, attempted suicide and criminal acts.
- Cosmetic related treatment and/or surgery and beauty treatment unless necessitated by accidental injuries.
- Laser surgery treatment.
- Expenses recoverable under any other insurance e.g. NHIF
- Family planning, infertility, impotence, male and female birth control, contraception and sterilization treatment, reversal or any related expenses.
- Weight management treatments, obesity or slimming preparation and drugs.
- Nutritional supplements unless prescribed as part of medical treatment of specified conditions.
- Self-referred or self-prescribed treatment.
- Diagnostic equipment (e.g. Glucometers, BP machines etc) unless required on medical grounds.
- Outpatient dental prophylaxis, crowns, dental bridges, dental pontics, dental sealants, unauthorized oral surgery, replacement of natural teeth and dentures.

SCHEME EXCLUSIONS

EXCLUSIONS ...CONTD

- Any claim where material information shall have been mis-stated or withheld at the time of application.
- Contamination by radioactivity from nuclear fuel, waste or fission and radiation.
- Treatment other than by a registered medical practitioner, experimental treatment and drugs not scientifically recognized or not proven to be effective based on established medical practice.
- Treatment by chiropractors, acupuncturist, herbalists and homoeopathy.
- Hormonal replacement therapy.
- Illness, injury or disablement directly or indirectly caused by or contributed to by:
 1. Active participation in civil war, riots, rebellion, revolution, insurrection or political activity
 2. Any declared or undeclared war, invasion, act of foreign enemy, hostilities or war like operations
 3. Participation in Naval, Military, Air force, Paramilitary, Police or Police Reserve service or operations
 4. Operating, learning to operate or serving as a Member of a crew of any aircraft being used for sky-diving, racing, testing or exploration
 5. Professional sporting e.g. rugby, football etc and dangerous activities bungee jumping, water rafting etc

RATES

INPATIENT RATES

PCEA Inpatient Rates by Category

GROUP	INPATIENT RATES		GROUP	INPATIENT RATES		GROUP	INPATIENT RATES	
AMANI	5M	PREMIUM 'Kshs'	PLATINUM	2M	PREMIUM 'Kshs'	SILVER	1M	PREMIUM 'Kshs'
	M	100,000		M	40,000		M	25,000
	M+1	125,000		M+1	50,000		M+1	35,000
	M+2	162,500		M+2	65,000		M+2	45,000
	M+3	187,500		M+3	75,000		M+3	55,000
	M+4	212,500		M+4	85,000		M+4	65,000
	M+5	225,000		M+5	90,000		M+5	75,000
	M+6	300,000		M+6	120,000		M+6	85,000
	M+7	325,000	M+7	130,000	M+7	95,000		
NEEMA	4M	PREMIUM 'Kshs'	DIAMOND	1.5M	PREMIUM 'Kshs'	BRONZE	750K	PREMIUM 'Kshs'
	M	80,000		M	35,000		M	20,000
	M+1	100,000		M+1	45,000		M+1	30,000
	M+2	130,000		M+2	60,000		M+2	40,000
	M+3	150,000		M+3	70,000		M+3	50,000
	M+4	170,000		M+4	75,000		M+4	60,000
	M+5	180,000		M+5	85,000		M+5	70,000
	M+6	240,000		M+6	100,000		M+6	80,000
	M+7	260,000	M+7	120,000	M+7	90,000		
UMOJA	3M	PREMIUM 'Kshs'	GOLD	1.2M	PREMIUM 'Kshs'	UPENDO	500K	PREMIUM 'Kshs'
	M	60,000		M	30,000		M	10,000
	M+1	75,000		M+1	40,000		M+1	12,500
	M+2	97,500		M+2	50,000		M+2	16,250
	M+3	112,500		M+3	60,000		M+3	18,750
	M+4	127,500		M+4	70,000		M+4	21,250
	M+5	135,000		M+5	80,000		M+5	22,500
	M+6	180,000		M+6	90,000		M+6	30,000
	M+7	200,000	M+7	110,000	M+7	40,000		

RATES

OUTPATIENT RATES PCEA Outpatient Rates by limit

OUTPATIENT RATES	
300K	PREMIUM 'Kshs'
M	60,000
M+1	90,000
M+2	120,000
M+3	140,000
M+4	170,000
M+5	200,000
M+6	220,000
M+7	240,000
250K	PREMIUM 'Kshs'
M	50,000
M+1	75,000
M+2	100,000
M+3	120,000
M+4	142,000
M+5	167,000
M+6	184,000
M+7	200,000
200K	PREMIUM 'Kshs'
M	40,000
M+1	60,000
M+2	80,000
M+3	93,333
M+4	113,333
M+5	133,333
M+6	146,667
M+7	160,000

OUTPATIENT RATES	
150K	PREMIUM 'Kshs'
M	30,000
M+1	45,000
M+2	60,000
M+3	70,000
M+4	85,000
M+5	100,000
M+6	110,000
M+7	120,000
100K	PREMIUM 'Kshs'
M	20,000
M+1	35,000
M+2	40,000
M+3	50,000
M+4	60,000
M+5	70,000
M+6	80,000
M+7	90,000
70K	PREMIUM 'Kshs'
M	15,000
M+1	25,000
M+2	35,000
M+3	40,000
M+4	45,000
M+5	50,000
M+6	55,000
M+7	60,000

OUTPATIENT RATES	
50K	PREMIUM 'Kshs'
M	10,000
M+1	15,000
M+2	20,000
M+3	24,000
M+4	29,000
M+5	33,000
M+6	36,000
M+7	40,000

RATES

OUTPATIENT RATES

PCEA Dental & Optical Rates by Limit Amount

DENTAL RATES	
30K	PREMIUM 'Kshs'
M	3,000
M+1	4,500
M+2	6,000
M+3	7,500
M+4	9,000
M+5	10,500
M+6	12,000
M+7	13,500
25K	PREMIUM 'Kshs'
M	2,500
M+1	3,750
M+2	5,000
M+3	6,250
M+4	7,500
M+5	8,750
M+6	10,000
M+7	11,250
20K	PREMIUM 'Kshs'
M	2,000
M+1	3,000
M+2	4,000
M+3	5,000
M+4	6,000
M+5	7,000
M+6	8,000
M+7	9,000
10K	PREMIUM 'Kshs'
M	1,000
M+1	1,500
M+2	2,000
M+3	2,500
M+4	3,000
M+5	3,500
M+6	4,000
M+7	4,500

OPTICAL RATES	
30K	PREMIUM 'Kshs'
M	4,500
M+1	6,000
M+2	7,500
M+3	9,000
M+4	10,500
M+5	12,000
M+6	13,500
M+7	15,000
25K	PREMIUM 'Kshs'
M	3,750
M+1	5,000
M+2	6,250
M+3	7,500
M+4	8,750
M+5	10,000
M+6	11,250
M+7	12,500
20K	PREMIUM 'Kshs'
M	3,000
M+1	4,000
M+2	5,000
M+3	6,000
M+4	7,000
M+5	8,000
M+6	9,000
M+7	10,000
10K	PREMIUM 'Kshs'
M	1,500
M+1	2,000
M+2	2,500
M+3	3,000
M+4	3,500
M+5	4,000
M+6	4,500
M+7	5,000

I PROVIDER NETWORK

Healthcare services are provided to insured members through our comprehensive list of accredited hospitals and doctors in Kenya.

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MEDICAL UNDERWRITING



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